JUL **0 9** 2018

NEW YORK STATE DEPARTMENT OF BENEfication of Narcotic Enforcement Of Narcotic

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include" (the information requested by this form).
Facility Name SPCA of West-choste/
Agent's Name Kris Cialini / Shannon Cauchet
Address S90 North State Pa
Browelift Mainer State Ny Zip 105/0 County Neste hes 70
Telephone Number 914-2896
Bureau of Narcotic Enforcement Certificate Number 1005
DEA Number
Quarter (1)(2) (3) (4) of year 2018 Circle correct quarter
CONTROLLED SUBSTANCE Mixture of Sod. Pentobarbital (Schedule III) Ketamine (Schedule III)
Previous Amount on Hand 87m
Total Amount Received 100m1 4/13/18
Total Amount Utilized 80 m l
Ending Amount on Hand
Number of Dogs Euthanized Public & Shelter 3
Number of Cats Euthanized Public 14 Shelter 5
Other Species Euthanized (specify) Ferry fetos 3 wildlife
* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.
Signed:
Print Name: Tabitha Landow
To be completed by registered agent: I certify that on Sol 18 I conducted a physical inventory on the controlled substances
listed above. Any loss has been noted. Under the penalties of perjury, Laffirm that the statements made are true.
Kusten Cili. AIIIAA
Signature of Agent Signature of Officer of Society or Facility
_ 6/28/18 6/28/18
Date Date
False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.
Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204 (866) 811-7957
tons, or the

DOH-4331 (7/12)

NYS Department of Health APR 06 2018

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement

APR TO THE BUTTON OF MOTOO! Quarterly Controlled Substance Inventory Form for Humane Societies

	ons Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or signed by an officer or official and the agent and include" (the information requested by this form).
Facility Name SPC A	of larst hosper
	Same of the
Agent's Name NY S	Shall State of Laboratory
Address 390 Ooth	State it of
Bracky F MO	State V Zip 105 O County We Str West
Telephone Number 914-9	41-2896 Ex+. 12
Bureau of Narcotic Enforcement Certi	ficate Number 10050
DEA Number	
	Quarter (1) (2) (3) (4) of year Circle correct quarter
CONTROLLED SUBSTANCE Mixt	ure of Sod. Pentobarbital (Schedule III) Ketamine (Schedule III)
Previous Amount on Hand	146. Cm/h
Total Amount Received	1.83.1
Total Amount Utilized	(7) (7)
*Total Amount Lost	80
Ending Amount on Hand	- 8)m/
Number of Dogs Euthanized	12 b Sm 10/3
Number of Cats Euthanized	A STORY
Other Species Euthanized (specify)	The state of the s
* Loss of controlled substances must b Signed: <u>Chafa</u> Print Name: <u>Tahi</u>	e reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.
listed above. Any loss has been noted.	: I certify that on/I conducted a physical inventory on the controlled substances Under the penalties of perjury, I affirm that the statements made are true.
Signature of Agent	Signature of Officer of Society or Facility
4/4/18	4/4/18
Date	Date ///
False statements made herein are pun	ishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.
	•
Mail completed forms to: Bureau of N Riverview (150 Broadw Albany, NY (866) 811-7	Center vay 12204

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement

JAN 1 0 20 Quarterly Controlled Substance Inventory Form for Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Pulse and Populations Part 90 114/12 days 50
Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include" (the information requested by this form).
Facility Name SPCA of West he STPV
Agent's Name KN'S Cialini / Shannen Laukhuf
Address 590 Nath State Rol.
Bravaif Maner State MY Zip 10510 County West hoster
Telephone Number (914) 941 - 2896 + 12
Bureau of Narcotic Enforcement Certificate Number 10050
DEA Number
Quarter (1) (2) (3) (4) of year ZOI 7 Circle correct quarter
CONTROLLED SUBSTANCE Mixture of Sod. Pentobarbital (Schedule III) Ketamine (Schedule III)
Previous Amount on Hand 152.5ml Total Amount Received 1000 and 12 12 12
Total Amount Utilized 100 ml 12 13 17
*Total Amount Lost
Ending Amount on Hand
Number of Dogs Euthanized Public 2 Shelter to Number of Cats Euthanized Public 4 Shelter to Other Species Euthanized (specify) Februs 2
/\ /\ /\
* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.
Signed: Old Activation
Print Name: Tabaha ardae
To be completed by registered agent: I certify that on 1/5/18 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, raffirm that the statements made are true.
Signature of Agent Signature of Officer of Society or Facility
of Johnson of Country of Facility
Date 1/5/18 Date
False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.
Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204 (866) 811-7957

OCT 0 6 2017

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement

Quarterly Controlled Substance Inventory Form for Bureau of Narcotic Enforcement Humane Societies **Humane Societies**

Title 10 of New York State Rules and	id Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the	
facility shall submit a report to the de-	epartment signed by an officer or official and the agent and include" (the information requested by this form).	society
Facility Name	CA OF WONTZIOSTV	
12.5	Galine / Shannon Loukluic	
· · ·		
Address 590 N	lwin Staff Ko.	
<u>Bnavu f</u>	de la	
Telephone Number	(914)941-2896 × 12	
Bureau of Narcotic Enforceme	ent Certificate Number 10050	
DEA Number		
	0017	
	Quarter (1) (2) (3) (4) of year (1)	
	·	
CONTROLLED SUBSTANCE	The state of the s	
Previous Amount on Hand	127.5ml	
Total Amount Received	100ml 8/10/17	
Total Amount Utilized	75~1	
*Total Amount Lost Ending Amount on Hand		
Enung Amount on Hand	152.5ml	
Number of Dogs Euthanized D	D. W. (D. 9 - 11 - 2	
Number of Cats Euthanized D	blic 2 Shorter 19	
Other Species Euthanized (spec	cdfy) Real & Wildlife 2	
* Loss of controlled substances	s must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.	
Signed:	The part of the second	
Signed:		
Print Name: V	J Tobthalowsku	
-		
To be completed by registered	d agent: I certify that on / / I conducted a physical inventory on the controlled substa	nces
- +	n noted. Under the penalties of perjury traffrm that the statements made are true.	
Kristin C		
Signature of Agent	Signature of Officer of Society or Facility	
10/2/17	10/2/17	
Date	Date	
False statements made herein a	are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.	
Mail completed forms to: Burea	au of Narcotic Enforcement	
	arview Center	
150 E	Broadway	
	my, NY 12204	
(866)) 811-7957	

DOH-4331 (7/12)

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement

JUL 0 5 2017 Quarterly Controlled Substance Inventory Form for Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the societacility shall submit a report to the department signed by an officer or official and the agent and include" (the information requested by this form).
Facility Name SPCA of Westchester, Inc.
Agent's Name
Address 590 North State Rel.
Bright Manage Sun NY 75 10510 Comme Was I
Address 590 North State Rel. Briarcliff Manor State NT Zip 10510 County West. Telephone Number 914-941-28940
Bureau of Narcotic Enforcement Certificate Number
DEA Number
*** **
Quarter (1)(2)(3) (4) of year <u>201</u> 7
CONTROLLED SUBSTANCE Mixture of Sod. Pentobarbital (Schedule III) Ketamine (Schedule III)
Previous Amount on Hand 97m/
Total Amount Received 100 ml 4/4/17
Total Amount Utilized 49.5 m/
*Total Amount Lost
Ending Amount on Hand 137.5 pm/
Number of Dogs Euthanized Stelter 6 / Public 8
Number of Cats Euthanized Public 7 Shelter 12
Other Species Buthanized (specify) Feral Fetus: 8 Wildlife 2
end species 2 divisity production of the species of
* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.
Signed: HARA
Print Name: Tabitha Landow
To be completed by registered agent: I certify that on 6/30/1/71 conducted a physical inventory on the controlled substance
listed above. Any loss has been noted. Under the penalties of perjury I affirm that the statements made are true.
Kus Calin.
Signature of Agent Signature of Officer of Society or Facility
6/30/17
Date Date / /
False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.
Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

DOH-4331 (7/12)

NYS Department of Health NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Narcotic Enforcement

APR 0 6 2017

Quarterly Controlled Substance Inventory Form for Humane Societies

Title 10 of New York State Rules and facility shall submit a report to the dep	ALL OF NARCOTIC Enforcement Regulations Part 80, 134(k) states: "Quarterly reports. Within artment signed by an officer or official and the agent and include	10 days of the end of each quarter of each year, the society of the information requested by this form).
Facility Name SPC	A of Wastchester, Inc. Cialini Shannon Lau North State R.D.	
Agent's Name Kris	Cialini / Shannon Lau	ik hah
Address 590	North State Rd.	0
Briar dill	Manac State NY 7in 105	510 County Wasdchester
Telephone Number	Manor State N1 Zip 10- (914) 941-2890 ×12	
Bureau of Narcotic Enforcemen	nt Certificate Number / 0 0 5 0	
DEA Number		
_	Quarter (1)(2) (3) (4) of year	17
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	197ml	
Total Amount Received	100 m/	N/A
Total Amount Utilized *Total Amount Lost	97m1	
Ending Amount on Hand	97m1	
Enoug Amount on Hand		The Brown Brown Brown State Control of the Control of State Control of Cont
Number of Dogs Euthanized	Public 2, Shelter 5	/
Number of Cats Euthanized	Public 9, Fetus le, Shelter le	\mathcal{N}/\mathcal{A}
Other Species Euthanized (spec	ify) /4/M	
* Loss of controlled substances Signed:	must be reported to the Bureau of Narcotic Enforce	ement. Briefly explain the loss.
Print Name:	/ labiha (anda)	
listed above. Any loss has been	agent: I certify that on 4/3/17 conducted a noted. Under the penalties of perjury, I affirm that	it the statements made are true.
Signature of Agent	Signature or yince	r of Society or Facility
4/3/17	$\mathcal{L}_{\mathcal{U}}$	12/17
Date	Date	1-2/1
False statements made herein o	are punishable as a Class A misdemeanor, pursua	nt to section 210.45 of the Penal Law.
150 l Alba	au of Narcotic Enforcement rview Center Broadway ny, NY 12204) 811-7957	

Quarterly Controlled Substance Inventory Form for Humane Societies

	4(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society officer or official and the agent and include" (the information requested by this form).
Facility Name SPCA of Wester	hale
77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rannon Laukhuf
Address 590 porth States	
Biachtt Marc	StateNY zip 10510 County west chaster
Telephone Number 914-941-2890	2 Ext 1 D
Bureau of Narcotic Enforcement Certificate Nun	ber
DEA Number	· · · · · · · · · · · · · · · · · · ·
	Quarter (1) (2) (3) (4) of year 2016 Circle correct quarter
CONTROLLED SUBSTANCE Mixture of Sod	. Pentobarbital (Schedule III) Ketamine (Schedule III)
Previous Amount on Hand 100 in	
Total Amount Received i(Y)	nl 822/10
Total Amount Utilized 65	
*Total Amount Lost	
Ending Amount on Hand	
Number of Dogs Euthanized 3 S	no liter
Number of Cats Euthanized 135helte	c 50 blic
Other Species Euthanized (specify)	
* Loss of controlled substances must be reported Signed:	to the Bureau of Narcotic Enforcement. Briefly explain the loss.
Print Name: Tabitho	clarda
To be completed by registered agent: I certify listed above. Any loss has been noted. Under the	that on 1/3/7I conducted a physical inventory on the controlled substances e penalties of perjury, Laffirm that the statements made are true.
Signature of Agent	Signature of Officer of Society or Facility
, ,	
Date 1/3/17	Date 1/3/17
False statements made herein are punishable a	s a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.
Mail completed forms to: Bureau of Narcotic En Riverview Center 150 Broadway Albany, NY 12204 (866) 811-7957	iforcement

JAN 0 6 2017

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement

Quarterly Controlled Substance Inventory Form for **Humane Societies**

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and I facility shall submit a report to the depart	Regulations Part 80,134(k) states: "Quarterly reports. Within intment signed by an officer or official and the agent and include	10 days of the end of each quarter of each year, the society or le" (the information requested by this form).
Facility Name SP(CA of Westernoter	
Agent's Name KV \	Cialini / Shannon Lauth	u C
CO5 11	WHA Strite RIO	
Address Dyough To M	CHUN State NY Zip 105	510 County West Liester
11 (2	. 0.007	
Telephone Number (9	14) 941- 2896 XIZ	
Bureau of Narcotic Enforcemen	t Certificate Number	
DEA Number		
	Quarter (1) (2) (3) (4) of year 20 Circle correct quarter	Me.
CONTROLLED SUBSTANCE	Mixture of Sod, Pentobarbital (Schedule III)	Ketamine (Schedyle III)
Previous Amount on Hand	145,5ml	-
Total Amount Received	100ml 8/22/10	
Total Amount Utilized *Total Amount Lost	Gimi	_
Ending Amount on Hand		
Number of Dogs Euthanized Number of Cats Euthanized		
Other Species Euthanized (spec		-
100.	must be reported to the Bureau of Narcotic Enforce	cement. Briefly explain the loss.
Signed:	Tabitha Landon	
To be completed by registered listed above. Any loss has been	agent: I certify that on/_/_ I conducted noted. Under the penalties of perjury, I affirm the	a physical inventory on the controlled substances at the statements made are true.
Signature of Agent	Signature of Office	of Society or Facility
Date	Date	
False statements made herein	are punishable as a Class A misdemeanor, pursu	ant to section 210.45 of the Penal Law.
Mail completed forms to: Bure	au of Narcotic Enforcement	
Rive	rview Center	
	Broadway my, NY 12204	
) 811-7957	
		₹
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JAN 06 2017

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Narcotic Enforcement

DOH-4331 (7/12)

Quarterly Controlled Substance Inventory Form for nforcement Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form). Facility Name Agent's Name Address State NV Telephone Number Bureau of Narcotic Enforcement Certificate Number DEA Number CONTROLLED SUBSTANCE Mixture of Sod. Pentobarbital (Schedule III) Ketamine (Schedule III) Previous Amount on Hand 28,5m Total Amount Received roo mal Total Amount Utilized <u>500</u> *Total Amount Lost **Ending Amount on Hand** Number of Dogs Euthanized Number of Cats Euthanized 40CA Other Species Euthanized (specify) * Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss. Signed: To be completed by registered agent: I certify that on ___/__ I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true. Signature of Officer of Society or Facility Signature of Agent Date Date False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law. Mail completed forms to: Bureau of Narcotic Enforcement Riverview Center 150 Broadway Albany, NY 12204 (866) 811-7957

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement

JAM Magterly Controlled Substance Inventory Form for Humane Societies

•	Bureau of Narcotic Enforce	ment
Title 10 of New York State Rules and R	tegulations Part 80.134(k) states: "Quarterly reports. Within 1	0 days of the end of each quarter of each year, the society of
facility shall submit a report to the depa	rtment signed by an officer or official and the agent and includ	e" (the information requested by this form).
Facility Name SPC	A Of WESTCHESTEY	
Agent's Name KN'S (alini / Shanny Lauk	chuf
Address 590	Mach. State Rio.	
- Briaveliff	Maurice State MV Zin 105	10 County Westcherky
	(914) 941 - 2896 X12	County VO ES (CW) CF
Telephone Number	(11) 141-041~	
Bureau of Narcotic Enforcement	t Certificate Number	
DEA Number		
	Quarter (1)(2) (3) (4) of year 20	<u>DI(0</u>
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	110ml	
Total Amount Received	100ml 1/20/10	
Total Amount Utilized *Total Amount Lost	87,541	
Ending Amount on Hand	7	
Number of Dogs Euthanized		
Number of Cats Euthanized Species Euthanized (species Euthanized (
conc. epecies manazer (spec		
* Loss of controlled substances	must be reported to the Bureau of Narcotic Enforc	ement. Briefly explain the loss.
Signed: \alpha	heel par	
V _	1 12	and the second s
Print Name:	ubitha Landow	en manual kan kananan
	l agent: I certify that on/_/_ I conducted a noted. Under the penalties of perjury, I affirm that	
Signature of Agent	Signature of Office	r of Society or Facility
2.B	2000	
Data		
Date	Date	
False statements made herein o	are punishable as a Class A misdemeanor, pursuo	ant to section 210.45 of the Penal Law.
Mail completed forms to: Bure	au of Narcotic Enforcement	
	rview Genter	
	Broadway my, NY 12204	
) 811-7957	
		6
		4

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement

JUL 0 7 2017 Quarterly Controlled Substance Inventory Form for Humane Societies

50,000,000	
Facility Name SPCH OF WOOTE Agent's Name Address Sych OF WOOTE Address Shanku State Telephone Number Bureau of Narcotic Enforcement Certificate Number DEA Number	hester n Laukhuf NY zip 10510 county Westerneter
Circle	correct quarter
CONTROLLED SUBSTANCE Mixture of Sod. Penfobarbita	d (Schedule III) Ketamine (Schedule III)
Previous Amount on Hand	
Total Amount Received	
Total Amount Utilized	
*Total Amount Lost	
Ending Amount on Hand	
Number of Dogs Euthanized	elect /
Number of Cats Euthanized Wolf & Sh	Jec 8
Other Species Euthanized (specify)	
* Loss of controlled substances must be reported to the Bureau of Signed:	f Narcotic Enforcement. Briefly explain the loss.
Print Name:	abotha lander
To be completed by registered agent: I certify that on/	/ I conducted a physical inventory on the controlled substances erjury, I affirm that the statements made are true.
Signature of Agent Signature	gnature of Officer of Society or Facility
	gnated of Officer of Occioty of Facility
Date	ate
False statements made herein are punishable as a Class A misd	emeanor, pursuant to section 210.45 of the Penal Law.
Mail completed forms to: Bureau of Narcotic Enforcement	
Riverview Center	
150 Broadway	
Albany, NY 12204	
(866) 811-7957	
	Ø.

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NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement

JUL 0 7 2017

Quarterly Controlled Substance Inventory Form for

Bureau of Narcotic Enforcement

Humane Societies

Title 10 of New York State Rules and	Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the societ
c D	partment signed by an officer or official and the agent and include" (the information requested by this form).
Facility Name	OT OF WOOTOWS IT
Agent's Name	iann / Shankin Laukinif
Address 990 No	AN STAGE RU.
Bright 1	MANN State NY Zip 10510 County West Chest
Telephone Number	914 all 7806 X17
	107 10712 6048 61 0
Bureau of Narcotic Enforcemen	nt Certificate Number 10050
DEA Number	
	Quarter (1) (2) (3)(4) of year 20 (
CONTROLLED SUBSTANCE Previous Amount on Hand	Mixture of Sod. Pentobarbital (Schedule III) Ketamine (Schedule III)
Total Amount Received	207.5ml
Total Amount Utilized	127ml
*Total Amount Lost	
Ending Amount on Hand	185
N	
Number of Dogs Buthanized Number of Cats Buthanized	tublic she Her 4
Other Species Euthanized (speci	a total she tec 9
Signed:	alread of Narcotic Enforcement. Briefly explain the loss. Tabtha Cardow
To be completed by registered isted above. Any loss has been been been been been been been bee	agent: I certify that on//_ I conducted a physical inventory on the controlled substances noted. Under the penalties of perjury, I affirm that the statements made are true.
ignature of Agent	Signature of Officer of Society or Facility
Date	
ato .	Date
alse statements made herein a	re punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.
	u of Narcotic Enforcement view Center
River 150 B Alban	Sroadway sy, NY 12204 811-7957
River 150 B Alban	broadway ny, NY 12204
River 150 B Alban	broadway ny, NY 12204
River 150 B Alban	broadway ny, NY 12204